

Govenor's Council on Alcoholism and Drug Abuse Alliance Program Process Assessment

Evaluation date _____ County _____ Municipality_____

All questions pertain to the _____ grant period. Please supply as much information as you have. Please understand that if you do not have the information you will not be penalized in any way. This assessment is only to find what is helpful in making alliance organizations run more effectively and what hampers their progress. The results will not affect your current or future funding. Yes and no answers can be given, however please supply additional information where ever possible. Finally, (where rating scales are indicated) please circle the rating for each question as to the level of compliance with the item in question (nonexistant 1 to 5 fully compliant with the question).

- 1. Does your alliance keep regular minutes of all alliance meetings? (Please provide minutes for _____ period) (Rating 1 2 3 4 5)*

- 2. Is there broad based representation on the alliance as specified in the enabling legislation? What % of the list is represented? (Rating 1 2 3 4 5)*

- 3. Is a record of attendance kept for committee meetings? (Rating 1 2 3 4 5)*

- 4. Has the attendance in your alliance increased or decreased over the past 12 months? (Rating 1 2 3 4 5) Average # attending for the past 12 months.*

- 5. Does your organization operate it's meetings from a written agenda ? (Please supply meeting agendas for the past six months) (Rating 1 2 3 4 5)*

6. *What percentage of programs submitted in the plan for year_____ were completed within the contract period as proposed? (Rating 1 2 3 4 5)*

7. *How many modifications have were submitted during the contract year_____?*

How many in each month?

*Jan. ____ Feb. ____ March ____ April ____ May ____ June ____
July ____ August ____ Sept. ____ October ____ Nov. ____ Dec. ____*

8. *What is the written range of planning for your alliance? (1yr., 3yrs, 5yrs+)
(Rating 1 2 3 4 5)*

9. *What organizations run programs funded by the alliance?*

10. *What programs does the alliance itself run?*

11. *How many programs does your alliance run with funding outside of the Governor's Council on Alcoholism and Drug Abuse grant? (Rating 1 2 3 4 5)*

12. *What organizations work directly with and have affiliation agreements with the alliance? (Rating 1 2 3 4 5)*

13. Is there a representative member of the municipal government who sits on the alliance in a functional and involved position? (Rating 1 2 3 4 5)

14. What ages do the programs you run and support cover? (Rating 1 2 3 4 5)

___ 0 to 1 ___ 2 - 5 ___ 6 - 12 ___ 18 - 25 ___ 26 - 50 ___ 51 and +

14. What % of the goals that are set are achieved? (Rating 1 2 3 4 5)

15. Are there objectives developed and stated for the accomplishment of each goal?
(Rating 1 2 3 4 5)

16. Is a needs assessment done with all programs developed directly related to a presented need? (Rating 1 2 3 4 5)

17. What % of the 1997 needs assessment was completed? (Rating 1 2 3 4 5)

18. Was an assessment of resources and assets substantially completed in your 1997 needs assessment? (Rating 1 2 3 4 5)

19. Where there changes in programming from prior years due to the needs assessment ?
(Rating 1 2 3 4 5)

20. Are short, medium and long range goals indicated and planned?(Rating 1 2 3 4 5)

21. What is the program breakdown percentage by the six CSAP strategies within your plan? (Rating 1 2 3 4 5)

22. *Is there a central driving person on the alliance committee? (Rating 1 2 3 4 5)*

23. *Are there job descriptions in place for members?(Rating 1 2 3 4 5)*

24. *Is there any identifiable alignment of membership to a specific program or focus?*

25. *How many trainings have been held for the alliance members in the past year?
(Rating 1 2 3 4 5)*

26. *How many members attended those trainings?(Rating 1 2 3 4 5)*

27. *How many municipal alliance members attended county trainings in the past twelve months?(Rating 1 2 3 4 5)*

28. *What changes have occurred in the indicators you determined as needs for the last grant cycle?*

29. *Please describe changes, due directly to the alliance, that have taken place over the past year, two years, and three years in your community?(Rating 1 2 3 4 5)*

Previous average score for year____, _____

Average score for this year _____, _____

Scoring: 25 questions should be scored. After scoring, average your scores and record on your assessment sheet.

If you scored an average of 1- 2, your alliance is at a fairly low level of process assessment. Work needs to be done to enhance the organizational process of your organization.

If you scored 3 you are in an average range. Improvement is indicated in areas where you scored at or below this level.

If you scored 4 to 5, you are doing well. Improvement can be planned in those areas of lower scoring, but your process of organization has been followed.